



ADDENDUM #5

RFP-2020-DMS-10-TRANS

Non-Emergency Transportation Program for Fee-for Service (FFS) Medicaid Beneficiaries

On March 10, 2020, the New Hampshire Department of Health and Human Services published a Request for Proposals soliciting proposals for the provision of statewide transportation services and management of the daily functions of New Hampshire Medicaid's Non-Emergency Medical Transportation (NEMT) program. Services must cover Medicaid beneficiaries who are eligible for the Medicaid Fee-for-Service (FFS) Program.

The Department is publishing this addendum to:

- 1. Delete and replace Section 3, Statement of Work, Subsection 3.6 Scope of Services - Driver Selection and Maintenance of Records Requirements, Paragraph 3.6.1, Subparagraph 3.6.1.5. Performance Commitments, Part 3.6.1.5.1, with the following:**
 - 3.6.1.5.1 Driver No-Show Limits. Driver No-Shows are defined as instances where a beneficiary has requested transportation within the advance notice requirement but where the transportation request is not fulfilled by the selected vendor through no fault of the beneficiary. The selected vendor must have a ≤1% driver no-show policy. Upon a report of driver no-show, the selected vendor must:
 - 3.6.1.5.1.1. Arrange for alternative transportation.
 - 3.6.1.5.1.2. Complete an investigation into the root cause of the driver no-show, with findings reported to the Department within ten (10) business days.
 - 3.6.1.5.1.3. Develop a plan to ensure sustainable performance of transportation for affected beneficiaries.
- 2. Add Section 3, Statement of Work, Subsection 3.6 Scope of Services - Driver Selection and Maintenance of Records Requirements, Paragraph 3.6.5, Subparagraph 3.6.5.4, Part 3.6.5.4.2., Subpart 3.6.5.4.2.4 with the following:**
 - 3.6.5.4.2.4. If required, the driver is to assist the passenger to/from the door of their residence or destination, for beneficiaries who do not have an escort but are too vulnerable to be left to navigate alone. For hand-to-hand, the driver will receive passenger from caregiver and hand them off to a caregiver.

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3. Delete and replace Section 3, Statement of Work, Subsection 3.9 Reporting Requirements, Paragraph 3.9.1., with the following:

- 3.9.1. The selected vendor must provide monthly reports to Department that specifies the number of warm transfers made. The initial report must be submitted no later than thirty (30) from the resulting contract effective date and subsequent reports will be due every thirty (30) days thereafter.

4. Add Appendix D Rate Sheets, Section 2 PM/PM Rate Table, Subsection 2.2, with the following:

- 2.2 In any given month there will be an average of 2,000 members who will be eligible for NEMT services but the Member count for PM/PM is taken on the 15th of each month (point in time) which averaged 1575 members per month for the first 3 months in calendar year 2020.